

Infant Mortality Rate at Record Low in 1992

The infant mortality rate for the United States for 1992 dropped to 8.5 infant deaths per 1,000 births, according to provisional data recently released by the National Center for Health Statistics (NCHS).

"Births, Marriages, Divorces, and Deaths for 1992" (1), reports that infant mortality declined by 4 percent from 1991 to 1992, to reach a record low level. There were an estimated 34,400 deaths of infants younger than 1 year in 1992. The latest birth statistics show an estimated 4,084,000 births that year, a decline of 1 percent from 1991. The number of marriages, 2,362,000, showed a slight decline from the previous year. The marriage rate was down 2 percent to 9.2 per 1,000 population. The divorce rate remained constant at 4.7. In 1992, there were 1,215,000 divorces, up 2 percent, but matching population growth kept the rate constant. The provisional count of deaths estimated for the United States during 1992 totaled 2,177,000, about 12,000 more than in the previous year. The death rate of 8.5 per 1,000 was the same as the rate for 1991. A followup report, providing mortality data by cause of death, shows a decline in deaths from motor vehicle crashes in 1992 and a rise in deaths from acquired immunodeficiency syndrome (2).

NCHS is the Federal Government's principal vital and health statistics agency. NCHS data systems cover the health field from birth to death, including overall health status, lifestyle and exposure to unhealthy influences, the onset and diagnosis of illness and disability, and the use of health care. NCHS is part of the Public Health Service's Centers for Disease Control and Prevention.

Testing Common Beliefs About the Rural Elderly

A new report intended to translate technical data into knowledge useful in public policy making related to the rural elderly population provides national-level data that test 10 commonly held beliefs about that group (3). For example, it is generally believed,

and data from the 1990 census confirm, that elderly persons and children comprise larger proportions of the population in nonmetropolitan areas than in metropolitan areas.

Similarly, it is often said that the rural elderly are healthier and have a more active lifestyle than older persons in metropolitan areas. The data show, however, that a greater percent of rural elderly assess their own health as fair or poor, a measure associated with higher mortality and lower life satisfaction.

Regarding long-term care, many hold that the rural elderly have a greater need, but have more limited use of services, compared with metropolitan elderly persons. Studies show a similar level of need. Specifically, the percent of elderly persons experiencing difficulty with activities of daily living, such as eating, bathing, or transferring from bed to chair, was about the same for rural and urban areas. As expected, the rural elderly have lower health care expenses, but the use of health insurance and other benefits was comparable. Support for preparation of the report was provided by the Federal Interagency Forum on Aging-Related Statistics, sponsored by the National Institute on Aging. The Forum is an ad hoc committee of policy and technical experts on aging. Its purpose is to coordinate the activities associated with collecting and analyzing data on aging across Federal agencies. The common beliefs addressed in the report were identified by staff members of the U.S. Senate Special Committee on Aging. Topics covered in the report include health, income, housing, social networks, population size and distribution, and access to care.

Blood Cholesterol Levels Drop

Average blood cholesterol levels in the United States population have dropped significantly in the last 12 years, coupled with a substantial reduction in the proportion of adults with high blood cholesterol levels. Between 1978 and 1990, the average blood cholesterol level dropped from 213 milligrams per deciliter (mg per dL) to 205 mg per dL, a 4 percent decline. During

the same time period, the proportion of adults with blood cholesterol levels of 240 mg per dL or more, a high level, fell from 26 to 20 percent (figure 1).

The statistics were derived from the results of the first phase of the third National Health and Nutrition Examination Survey (NHANES III) conducted 1988-91, the latest in a series of nationwide health examination surveys of the population undertaken by NCHS. Since 1960, blood cholesterol levels declined in every age-sex group, with more than half of the 30-year decline occurring during the last 12 years.

During the last 30 years, blood cholesterol levels dropped an average of 12 mg per dL for men and 17 mg per dL for women, a decline of between 6 and 8 percent. The drop in blood cholesterol levels during the past 30 years has coincided with a 54 percent decline in mortality from coronary heart disease, as well as a decline in blood pressure levels and smoking rates. The results of NHANES III reveal that 49 percent of the population has a blood cholesterol reading in the desirable range, less than 200 mg per dL, up from 44 percent in the 1970s.

Blood cholesterol levels for men declined at a rather consistent rate during the 30-year period (figure 2). Levels for women declined more rapidly between the two most recent surveys, eliminating the differences in average blood cholesterol levels by sex. Currently, the average value for both men and women is 205 mg per dL. This represents a decline of 2.8 percent for men and 4.2 percent for women since the late 1970s.

Although the current average blood cholesterol level is the same for men and women, there are still differences in male and female blood cholesterol levels at different ages. For example, at ages 65 to 74 years, the average blood cholesterol level for men is 218 mg per dL; for women, the average level is 234 mg per dL.

The decline in blood cholesterol during the last 12 years occurred in the low-density lipoprotein (LDL), or "bad," cholesterol. For men, LDL blood cholesterol levels declined from 138 to 131 mg per dL. For women, LDL levels declined from 134 to 124 mg per dL. For both men and women,

the mean cholesterol level for non-Hispanic whites was higher than the levels for non-Hispanic black and Mexican American populations.

A principal focus of NHANES III is the surveillance of coronary heart disease risk factors, such as elevated blood cholesterol levels. Data from the first phase of NHANES III are based on standardized health examinations and laboratory testing of almost 8,000 persons selected to represent the U.S. adult population.

Workers' Health and Sociodemographics

A new report from NCHS shows that while many Americans suffer from a variety of health problems related to their work, few of them change jobs, change work tasks, or stop working as a result. The report, "Health Conditions Among the Currently Employed" (4), is the first to analyze health conditions by the sociodemographic characteristics of workers, instead of classifying those conditions by industry. The study provides insight into the impact of those conditions on employees' work status.

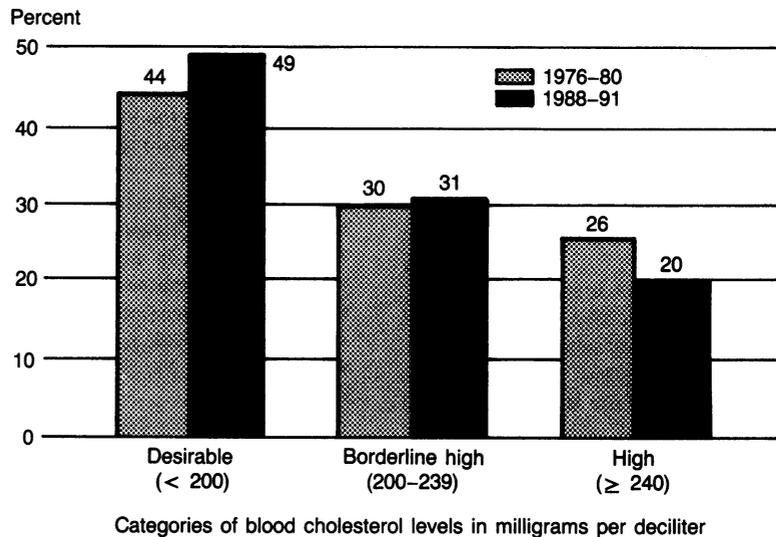
The study reveals that 7 percent of the workers surveyed experienced one or more job-related injuries in the last year. Twenty-six percent of those injuries were strains or sprains, 21 percent were lacerations or punctures, and 13 percent were contusions or abrasions. Men were almost twice as likely as women to experience one or more job-related injuries. About 1 in 10 younger workers ages 18 to 29 years experienced injuries in the past year, compared to only 1 in 20 workers ages 45 to 64 years. Younger workers were twice as likely as older workers to either change jobs or work activities as a result of their injuries.

The study was conducted by NCHS with support from CDC's National Institute for Occupational Safety and Health and by the Department of Labor's Bureau of Labor Statistics.

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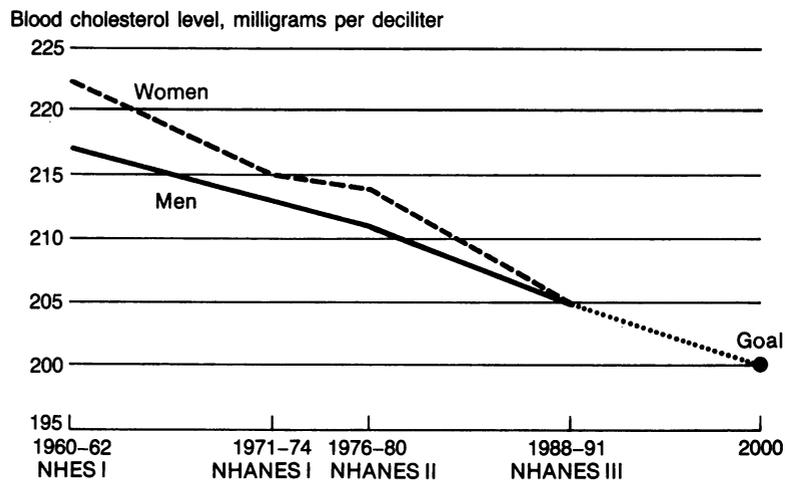
NCHS publications and assistance in obtaining printed and electronic data products are available from the NCHS Scientific and Technical Information Branch, Room 1064, Hyattsville, MD 20782; tel. (301) 436-8500.

Figure 1. Percent distribution of blood cholesterol levels, U.S. population



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics: 1976-80, National Health and Nutrition Survey (NHANES) II; 1988-91, NHANES III (Phase 1).

Figure 2. Trends in age-adjusted mean blood cholesterol levels, U.S. population



SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics: 1976-80, National Health and Nutrition Survey (NHANES) II; 1988-91, NHANES III (Phase 1).

References

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